

**Department of Human Services
Division of Developmental Disabilities**

**Olmstead Individualized
Community Supports and Services**

**Customized Supports and Services for People Transitioning from Developmental Centers to
Communities**

Request for Proposal (RFP)

September 19, 2006

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Application and Proposal Submission Process

1. Review the Notice of Availability of Funds published in the *NJ Register* and various newspapers on September 5, 2006.
2. Read the Request for Proposal document and all of the accompanying documents.
3. Agencies that do not currently contract with DDD must meet the pre-submission qualifications as outlined in the Notice of Availability of Funds which may be found at the DDD website: <http://www.state.nj.us/humanservices/ddd/index.html> . Pre-submission qualifiers may be submitted between September 5, 2006 and the close of business 5:00 p.m. September 19, 2006.
4. Agencies that currently contract with DDD will be automatically eligible to submit an application in response to this RFP.
5. Prior to the Bidders' Conference questions may be forwarded via e-mail to the Division of Developmental Disabilities at DDDOlmstead@dhs.state.nj.us with the subject line titled **RFP Question**. Questions may be asked at the Bidders' Conference. Only unanswered questions from the Bidders' Conference will be responded to after the Conference.
6. Register for the Bidders' Conference via **e-mail** at DDDOlmstead@dhs.state.nj.us . Attendance is mandatory for any proposal applicant.
7. Complete the application packet found at the DDD website at <http://www.state.nj.us/humanservices/ddd/index.html>
8. All applicants should check the DDD website for changes prior to submission of any information. <http://www.state.nj.us/humanservices/ddd/index.html>
9. Attach the completed Application along with Attachments A & B that include a typed signature to an electronic mail message and send to DDDOlmstead@dhs.state.nj.us with the subject line **Application by 5:00 p.m. Friday, November 3, 2006**.
10. Letters of support are not required nor should they be included in your application submission.
11. No budget information is required for this submission.
12. Download, sign and submit a hard copy of the following required documents:
 - a. Attachment A: "Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications"
 - b. Attachment B: "Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion/ Lower Tier Covered Transactions"
 - c. A copy of your agencies most recent organization-wide independent audit.
13. The hard copies with an original signature will be required to be submitted, post marked by **5:00 p.m. Friday, November 17, 2006**, to the address on pages 17 and 18.
14. Applicant interviews are a mandatory part of the RFP process for the following applicants:
 - Applicants not currently contracting with DDD.
 - DDD contracted applicants applying for specialty services.
 - DDD reserves the right to interview applicants as deemed necessary.
15. Application information will be evaluated according to the criteria set out in this RFP.
16. All agencies that meet the criteria for each support or service will be deemed qualified to deliver supports under this RFP.
17. Applications will become the property of DHS and it is suggested that applicants retain a copy for their records.

18. In phases, individuals will indicate his or her interests and preferences through a support coordination process. He or she will be given the opportunity to contact and discuss support possibilities with qualified providers. Once providers have been identified who might serve the individual, budget planning will be undertaken to determine the precise supports and costs.
19. Subsequent to this RFP, the Division will be developing an open enrollment process that will provide an avenue for interested entities, at any time, to apply to become qualified to provide services through DDD. The specifics of this open enrollment process are under development. Once an entity becomes a qualified provider it will be apprised of development opportunities, in its area of qualification, as they occur.

Mandatory Bidders' Conference

It is mandatory for **at least one representative and no more than two** to attend a bidders' conference.

DATE: October 3, 2006
TIME: Registration at 9:00 am
No one admitted after 10:15 am
PLACE: The Ramada/Holiday Inn of East Windsor
399 Monmouth St.
East Windsor, New Jersey 08520
Phone: 609 448 7000

For Directions:

<http://www.ichotelsgroup.com/h/d/hi/1/en/hotel/ttnew/transportation>

To confirm the above time and location please check the DDD website prior to the conference

<http://www.state.nj.us/humanservices/ddd/index.html>

To register for the Bidders' Conference:

EMAIL THE FOLLOWING INFORMATION TO:

DDDOlmstead@dhs.state.nj.us

Subject line titled **Registration**

- Name of the organization
- Contact telephone number
- E-mail address
- The names of no more than two representatives who will be attending.

Failure to attend the Bidders' Conference will disqualify individuals/agencies/organizations from the application process. The purpose of the Bidders' Conference is to provide a structured and formal opportunity for DDD to accept questions regarding the content of the RFP document as well as to provide any clarification. Applicants are encouraged to send any anticipated questions to the Division prior to the Bidders' Conference to the above identified location. Any major revisions to the RFP as a result of the Bidders' Conference, or answers to deferred questions will be made in the form of a written addendum to the RFP and will be posted on the DDD website at <http://humanservices/ddd/index.html>

Timetable

Timeframes for the RFP process are as follows:

Tuesday September 5, 2006	Notice of Availability of Funds published in <u>New Jersey Register</u> and on the DDD Website http://www.state.nj.us/humanservices/ddd/index.html
Tuesday September 19, 2006	Deadline for submission of pre-qualifications information by non-DDD providers
On or about Tuesday September 19, 2006	RFP posted and Bidders Conference information will be available on DDD website http://www.state.nj.us/humanservices/ddd/index.html
On or about Friday September 22, 2006	Notification to non-DDD providers of pre-qualification status
Thursday September 28, 2006	Bidder's Conference RSVP deadline DDDOlmstead@dhs.state.nj.us
Tuesday, October 3, 2006	Bidders Conference
Friday November 3, 2006	Application submission deadline
Friday November 17, 2006	Deadline for submission of mandatory, signed documents and audit report
November through December 2006	Conduct applicant interviews
On or about Friday January 5, 2007	Proposal status notification
Written Notice of Intent to Appeal	Received by DDD within 7 days of receipt of Proposal status notification

Definitions

Community Care Waiver (CCW) is the Medicaid program that allows the State to waive certain Federal Medicaid eligibility criteria for individuals who meet eligibility for receive Division of Developmental Disabilities services and require an ICF/MR level of care.

Danielle's Law: This law provides that anyone who works with individuals with developmental disabilities or traumatic brain injury must call 911 in life threatening emergencies.

Developmental Center (DC): Intermediate Care Facility for the Mentally Retarded (ICF/MR) residential centers designed to provide care and active treatment to individuals that are diagnosed with developmental disabilities.

Essential Lifestyle Planning (ELP): A type of service plan utilized by individuals who self direct a budget of state and/or federal dollars for programs, services, and/or supports. Essential Lifestyle Planning is a method of prioritizing individual needs, creating an individual budget for his/her choice and types of services, and selecting providers that may facilitate the achievement of the individual's preferred lifestyle.

Fee-For Service/Rate Based Contracting: A system in which service providers receive a fee/rate for a specified unit of service. Fee for services systems typically allow individuals to obtain services from the provider of their choosing. The provider will be able to demonstrate the accuracy of rate establishment by adhering to section 3 of the Department of Human Services Contract Reimbursement Manual (CRM), which can be found at http://www.state.nj.us/humanservices/ocpm/contract_manuals.htm .

Fiscal Intermediary: Processing of payment for documented services rendered to an individual; monitoring and monthly reporting on payments made on behalf of each individual; may act as employer of record for individuals providing services who are not employees of an agency.

General Section: For the purposes of this RFP, General refers to a section of the application that covers the core requirements. All providers complete the General Section of this RFP. This section includes: Operational, Quality, Staffing & Risk.

Generic Community Services: Any and all services available to residents of New Jersey.

Home and Community-Based Waivers (HCBS) Permits states to offer, under a waiver, a wide array of home and community-based services that an individual may need to avoid institutionalization.

Independent Assessment: An assessment designed to identify abilities in areas of cognition, communication, self-care and mobility, the presence of medical and behavioral conditions and the support needs that will enable individuals to successfully live as independently as possible.

Independent Support Coordination: The group of identified people working for a Support Coordination agency who work with the individual and his or her family and the people that know the individual best, to identify how he or she wants to live and the services and supports needed to

achieve this outcome. The process will facilitate the purchase of services and supports from qualified agencies.

Individual Habilitation Plan (IHP): A type of service plan which is utilized in settings where the budget for programs, supports and services is not self directed. The IHP is a written document that serves as an agreement among the service recipient, service provider and other members of the Inter-Disciplinary Team (IDT), as to the type and frequency of services, the goal of the service and how the progress will be monitored. An IHP may include plans from programs, services, or supports funded from another agency.

Individual Service Plan (ISP): A type of service plan for an individual who participates only in a community based, non-waiver program. It addresses only the services that the individual has requested from the Division. An ISP may be appropriate for services that include, but are not limited to, extended employment funded through the Department of Labor, family care provided in a community care residence, family support, respite for which the Division does not receive Medicaid DDD Waiver funding(s), and services funded through educational entitlements.

Individual Supports: Individual support services are self-care and habilitation-related tasks performed and/or supervised by service provider staff in an individual's own or family home or in other community-based settings, in accordance with approved Service Plans. Assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, activities of daily living and behavior shaping will be provided. (The Service Plan will specify the actual tasks to be performed and the anticipated outcomes).

Interdisciplinary Team (IDT): A group that shall minimally consist of the individual receiving services, the plan coordinator, the legal guardian, and/or Division case manager. The IDT may include the parents or family members at the preference of the person served or guardian. In addition, members may include; advocates and friends, those persons who work most directly with the individual and professional representatives of service areas who are relevant to the identification of the individuals needs and preferences and the design and evaluation of programs to meet them.

Monitoring: Provided by DDD employees or by employees of agencies under Statewide contract with DDD. Consists of overall monitoring to; insure the development, implementation, annual review, and approval of individuals' annual service plans; and exercise a protective service function regarding the individual's health and safety.

Olmstead Act: A 1999 Supreme Court ruling which caused the federal government, both within Centers for Medicare & Medicaid Services and the Department of Justice, to encourage states to plan aggressively for placing people residing in institutions into community settings.

Person Centered Thinking: A guided process for learning how someone wants to live and for developing a plan to make it happen. The individual support plans, developed through a process of asking and listening, provide a snapshot of how someone wants to live today, serving as a blueprint for how to support them tomorrow.

Providers: An individual/organization that is licensed, qualified, regulated and/or contracted to provide a range of services including but not limited to residential, day or individual supports and services to eligible individuals.

Self Direction: A process by which the service delivery system allows an individual with a developmental disability in conjunction with his or her legal guardian, family and selected friends to identify appropriate services and supports and determine how an individual budget, along with personal, family and community resource can be used to develop a service plan.

Service Plan: A written individualized habilitation plan consistent with the requirements of NJSA 30:6D-10 through 12, developed with the individual and/or his or her legal guardian, and the IDT. It is an outcome-based planning tool that at a minimum, identifies each individualized program, support and/or service requested by and provided to the individual for which the individual demonstrates a need. It identifies the person and/or agency responsible for its implementation. The complexity of the Service Plan will vary according to the individual's interests, preferences and needs. The Service Plan format must be Division approved but can be chosen from various types of plans, as determined by the requirements of the specific program, service, or support, and can include but is not limited to the following types of plans: Individual Habilitation Plan (IHP), Essential Lifestyle Plan (ELP), and Individual Service Plan (ISP).

Specialty Qualifications: Are a set of qualifications provided in the RFP that establish an applicant's experience and expertise in an area of specialty, i.e. Housing/development, Residential Supports, Employment/day Supports, Medical Supports, and Behavioral Supports.

I. INTRODUCTION

Purpose:

The Division of Developmental Disabilities (DDD) is utilizing this Request for Proposal (RFP) process to introduce how it plans to assist individuals transitioning from developmental centers to the community. It provides a mechanism for providers to express their interest in providing specific services that have been identified in the individuals Essential Lifestyle Plan (ELP)¹ with the assistance of an Independent Support Coordination Team. The ELP is the planning tool the Division will use to develop individualized service plans.

Through this RFP, the Division is introducing several new processes to transition individuals from developmental centers to communities. A provider qualifying process will be used to create a network of agencies that provide services and supports. The Division will be using fee-for-service/rate based contracting to purchase services and supports identified in each individual's ELP that will enable them to successfully transition to the community.

The planning process will begin while the individual is in the developmental center. An Independent Support Coordination Team will assist individuals and his or her family to create how he or she wants to live and what services and supports will be needed to realize this vision. Once the ELP is in place, individuals will be able to purchase services from providers through the process identified in this RFP.

The Divisions approach to housing development is to coordinate its operational resources with other housing development resources (e.g. Special Needs Housing Trust Fund and HUD). Therefore, agencies are encouraged to partner with existing housing developers and qualify to provide the operational services and supports. Housing Developers currently developing housing through the Department of Community Affairs (DCA) will automatically qualify to provide housing.

Through this qualifying process, providers identify the types of services and supports they wish to be eligible to provide. Housing development (including partnerships with housing providers), management of property and service delivery may be developed separately. In addition, service delivery has been further defined to allow for service planning for individuals with medical and behavioral support needs. It is not necessary to supply all types of supports. Providers will be qualified on the basis of experience and expertise. The funding is associated with the person, rather than the program, allowing the individual the flexibility to move or make modifications in his or her supports.

During the initial phase, "Olmstead Individualized Community Supports and Services", providers are needed that can coordinate and/or provide supports for individual's health and behavioral needs in a community setting, particularly when those needs are complex. Supports will be

¹ DDD will be submitting three new waivers to replace its current Home and Community Based Waiver Program. One of these three, the Supports Waiver, will use the ELP as the planning tool. Once the Waiver is federally approved and DDD proposed new regulations, the use of the ELP as a planning tool will be finalized. These events are timed for the near future. Until they occur, DDD will work with the Independent Support Coordination Team to adapt the planning tool to current federal Waiver and New Jersey regulatory requirements.

designed around each person's individual preferences and needs as expressed in his or her service plan.

Individuals served under this person-centered, self-directed system may choose different providers for different supports as they transition to the community. An individual may choose one provider to supply personal care and assistance, another for employment/day supports and a third for housing; thus allowing the individual the opportunity to customize their supports. An individual may also choose one or two agencies to provide all services and supports. Individual budgets will be developed at the time supports are identified and the providers are selected.

Any proposed support must foster independence, integration, individualization and productivity within the community for each person, while honoring the individual's cultural background. DDD wants to work with providers that will assist people in making decisions about their own lives, are willing to provide the supports a person needs, and are willing to work cooperatively with other providers that supply other parts of a person's supports.

Building Community Infrastructure

Through this application process, DDD invites providers to contribute their ideas and suggestions for creating new and exciting opportunities for people with developmental disabilities to live the meaningful lives they desire in New Jersey's cities and towns. The questions that make up this application process are designed to elicit your experiences and best thinking about how to make true choices available to people with complex and challenging needs.

Providers have contributed ideas about what is needed in many communities: more accessible health and mental health care, clearer rules for accessing needed therapies, and different service models to allow for nursing/health care specialists. DDD needs providers that can turn their ideas into concrete commitments that work. This RFP presents us with an opportunity to make significant advances in the way we deliver supports. Working in collaboration, we can support people with developmental disabilities to realize their dreams and ambitions in communities throughout our state.

A variety of housing options are being sought that incorporate innovative best practices in housing design, construction and location in conjunction with the special needs of the individuals that will live there. Collaboration with housing developers is strongly encouraged. Housing is to be integrated into the community, close to public transportation, employment opportunities and recreational activities. Flexible individualized supports are to be available within the residential setting that are tailored to meet an individual's current needs and choices and change as the individual's needs and choices change. The priority will be on creating additional supportive housing in which housing costs and supports are separated. This will allow individuals to move into their own residence, apply for a Section 8 rental subsidy and obtain a lease in their name. Funding will be attached to the person, not the program. Housing options may also include supervised apartments, small group settings containing four or less people and shared living arrangements. Housing may either be leased/owned by the individual and self-directed or provider owned and operated (see Appendix A: "Residential Choices: A Comparative Table").

Increased housing options will require the collaboration between agencies that develop, manage and provide services to residences. The transformation in the way that housing is developed will create partnerships and flexible options in which resources are leveraged for the positive outcome of supporting individuals in integrated community settings.

The Special Needs Housing Trust Fund (SNHTF) has \$200 million in capital funds to develop 10,000 supportive housing and community residences for individuals with special needs. The SNHTF is one source that may fund 50% to 80% of a project and requires that other funds are leveraged from federal, state, county, local or private sources to complete the project (for more information go to: <http://www.ruralhome.org/manager/uploads/HousingPlusServices.pdf>).

Applications for capital funding shall be made under a separate submission to the proper funding source after an agency is qualified and selected to develop housing. For agencies that qualify as developers of community residences, capital funding will be available through an integrated funding approach utilizing capital resources from DDD, the Housing Mortgage Finance Agency (HMFA) and Department of Community Affairs (DCA). Housing Developers currently developing housing through the DCA will automatically qualify to provide housing. The Home and Community Development Network of New Jersey is a statewide association of more than 250 affordable housing and community development corporations, individuals and other organizations that support the creation of housing. Their Membership Directory is available at www.hcdnnj.org. The Supportive Housing Association of New Jersey is also a key resource (www.shanj.org).

II. OLMSTEAD INDIVIDUAL SUPPORTS AND SERVICES PROCESS

The Division is adopting a self-directed service delivery approach. This approach continues the evolution from program-based services to person-centered supports, applying those concepts on behalf of a larger number of people to increase the equity and choice in the system. All participants served will apply for the Home and Community Based Services (HCBS) Waiver and all supports will be HCBS Waiver eligible.

The vision is to contribute to an equitable system where individuals with developmental disabilities and their families are empowered to make choices about where they want to go and how best to utilize the supports necessary to get them there. The vision is to give individuals and families a voice and the power of choice. This shift of power from professionals to the individual and their families is at the core of nation trends in quality service delivery.

Step 1- Independent Assessment

In order to plan for individualized support needs, it is necessary to gather information and determine the needs of people utilizing a common understanding of individual needs in a statistically reliable manner. DDD contracted with the Developmental Disabilities Planning Institute at the New Jersey Institute of Technology (NJIT) to assess all individuals living in New Jersey's developmental centers. The assessment was designed to identify abilities in areas of cognition, communication, self-care and mobility, the presence of medical and behavioral conditions and the support needs that will enable individuals to successfully live as independently as possible. Six levels identified for people needing various degrees of medical supports and four levels for individuals requiring varying degrees of behavioral supports under this initiative are described in the "Medical and Behavioral Supports Levels Table".

Step 2- Service Plan Development

The Division incorporated person-centered thinking into the Service Plans for individuals at the Developmental Center as well as for people participating in Real Life Choices, so it forms a solid basis for use for this initiative as well. Interdisciplinary Teams at the Developmental Centers are working with individuals and those important to them to develop plans. While it is true that like needs are directly linked to like supports, the types of supports need to be very individualized. Person-centered thinking starts with identifying how a person wants to live and balances that with any health and safety issues. Person-centered thinking is a guided process for learning how someone wants to live and for developing a plan to make it happen. The individual support plans, developed through a process of asking and listening, provide a snapshot of how someone wants to live today, serving as a blueprint for how to support them tomorrow. This information will be available to the independent Support Coordinators as they facilitate the planning process for individuals to move to the community.

Step 3- Independent Support Coordination Process

DDD will initiate an independent process to facilitate in planning for and coordinating services and supports to individuals transitioning from developmental centers. This will involve a Support Coordinator who will work with the individual and his or her family and people that know the

individual best, to identify where and how they want to live and the supports and services needed to achieve this outcome. Individuals may choose from a self directed approach where the housing, employment/day services, personal care and assistance supports are customized; or individuals may choose a traditional approach where supports and services are provided by one or two agencies. Responsibilities and tasks will vary dependent on the type of service model chosen, self-directed or provider-managed.

Through this process the Division will reach out to individuals residing in developmental centers to facilitate planning for and coordinating services and supports needed for transition. Families will be provided with information about options in community living, tools to determine the appropriateness of different community options, and education and support in the process of transition. The goal is to empower individuals and families in identifying and selecting their support needs.

Step 4 - Monitoring

In keeping with the Centers for Medicaid and Medicare Services (CMS) person-centered outcomes philosophy and its Quality Framework to develop a system that is rooted in increased quality, the Division will require monitoring strategies regarding the individual's quality of life, and resource utilization as it is identified in the individual's Service Plan.

III. SCOPE OF WORK: SERVICE REQUIREMENTS FOR QUALIFIED PROVIDERS

Qualified providers under this RFP are eligible for selection by people transitioning to communities. It does not guarantee a contract or a particular fee. It means that the qualified provider will have the opportunity to be selected to support individuals as they decide to transition into the community.

Qualified providers support individuals creatively and in collaboration with other service providers. The focus is on the interests and needs of each individual as expressed in his or her individual service plan, and identified in his or her individual assessment. Providers are chosen by individuals to supply specific supports and individual budgets are developed with providers at the time of selection.

The successful applicant must understand the concept of individual choice of supports, and is encouraged to be prepared to implement a fee-for-service/rate based budget process.

Serve Identified Individuals

Applicants will provide supports as identified in their application to individuals transitioning from developmental centers to communities. The medical and behavioral support needs of people in developmental centers have been identified using the assessment tool developed by NJIT.

Development will roll out in phases and focus on specific support and service needs at different times. The initial phase will provide opportunities for individuals residing in developmental centers with a variety of support needs.

Applicants must be able to serve individuals in a variety of ways within their area of expertise. Applicants must be able to work cooperatively with a variety of housing and other service providers. Many of the people transitioning from developmental centers will have complex needs that require careful and creative planning to address.

Provide Program Administration and Core Staffing

There must be sufficient administrative staff to respond to requests for supports, negotiate budgets, maintain required data and properly supervise staff assigned to deliver supports.

Staff must be available and willing to participate in team efforts to deliver supports, either with DDD staff or with other private agency staff as may be needed to successfully meet the needs of individuals who may select the agency.

Staff must meet the minimum levels of education, experience and training as described in the Department of Human Service Contract Reimbursement Manual (CRM) at http://www.state.nj.us/humanservices/ocpm/contract_manual.htm , or as required for Medicaid participation.

Participate in Coordinating Services

This RFP provides the opportunity for people to select their needed supports from various providers. Applicants must be willing to work collaboratively with other agencies to assure a seamless delivery of those supports.

It is essential that providers be prepared to participate in team activities to the degree necessary to assure that all those providing supports to an individual coordinate their efforts and communicate effectively with one another. This will include reading reports, responding to questions and keeping other team members apprised of important information about progress and challenges.

Participate in Quality Improvement Activities

The applicant must participate in any evaluations required by DDD and provide data when requested.

The applicant must participate in DDD's quality development activities which include providing data for risk management purposes.

The applicant will practice quality improvement in an effort to build on success, learn from experience, and assure a continuing growth of expertise within the agency.

Budget and Fiscal Systems

The applicant will ensure that all monies are budgeted and spent in accordance with DHS requirements.

The applicant will ensure that all monies allocated to an individual's budget are spent on that individual's behalf as indicated in the service plan.

As a requirement of certification the following applies:

For providers who do not currently have a cost reimbursement contract with the Division of Developmental Disabilities, the provider's financial management system shall provide accurate, current and complete disclosure of the construction of the rate methodology with emphasis on the indirect cost allocation methodology.

For providers who currently have a cost reimbursement contract with the Division of Developmental Disabilities, the provider's financial management system shall provide accurate, current and complete disclosure of the construction of the rate methodology and demonstrate that the established rate is less than or equal to the rate the Division currently pays in the cost reimbursement contract.

The funding available is contingent upon receipt of federal funds and subject to the State Fiscal Year 2007 Appropriations Act. Up to \$50 million over the next three years beginning in State Fiscal Year 2007 will be awarded. Funds will be released in phases and target a specific population or service.

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interests to do so. The Department's best interests in this context, include, but are

not limited to, loss of funding, inability of the Applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, any existing Department Contacts, and procedures set forth in this policy circular (DHS Policy Circular- P1.04).

Computer System Requirements

Applicants wanting to participate in the qualified provide RFP will be required to have and maintain the following:

- Personal Computers installed with Internet Explorer Version 6.0 or higher.
- Internet Access
- It is recommended that the service speed of the applicant's Internet Service Provider (ISP) be that of high speed (DSL, Cable, T1 or T3). Connections less than those recommended will cause performance issues.
- Each registered user accessing the provider website will be required to have an unshared email account with internet email capability.
- Electronic documents from the Division will be in various formats. Software on the applicants computers are required to be capable of processing Microsoft (MS) Word 2003, MS Access 2003, MS Excel 2003 and Adobe PDF files. Electronic files submitted to the Division must be in the proper required formats as outline per directions.
- The applicant will be responsible for submitting and maintaining user access information in a timely fashion for their employees via the website. This is inclusive but not limited to changes in email address, telephone and facsimile numbers, and employment status.

Applicants will be expected to maintain the confidentiality and protection of all consumer data stored at the agency location(s) insuring that it is both physically and electronically secured by way of but not limited to: Provider's password protection policy, employee confidentiality policy, employee internet and computer use policy, up to date anti-virus protection software on all PC's and servers connected to the internet and appropriately configured firewalls.

A completed HIPAA Business Associate Agreements ISC#:05-01 form is required to be completed and submitted by the agency for DHS approval prior to any authorized use of the system.

DHS Administrative Requirements

The applicant will comply with all state and federal applicable laws, guidelines, regulations and administrative procedures and those developed in conjunction with the New Jersey Department of Human Services (DHS). DHS expects all applicants to comply with all DHS Standard Contract policies and procedures outlined in the DHS Contract Reimbursement Manual (1986). The manual is available on-line at http://www.state.nj.us/humanservices/ocpm/contract_manual.htm or see the list of library depositories (Appendix F).

III. APPLICATION SUBMISSION INFORMATION

1. Review the "Medical Supports and Behavioral Supports Levels Table" (page 19)
 - a. **This table is provided in order to familiarize the applicant with the various support need levels identified in this RFP. It is not a presentation of groups of individuals. Depending on the levels they are able to accommodate, applicants are being given the option to choose what levels of support they wish to be qualified to deliver.**
2. Review the "Olmstead RFP Qualification Chart" (page 20)
 - a. **This chart outlines for the applicant the various service options for which they can become qualified to provide. Applicants will be asked to indicate their choices on question #10 of the Application. The chart also indicates which Application questions are required to be completed for the chosen option and whether or not an interview will be required.**
3. Review the "Evaluation Criteria"
 - a. **This outlines how the narrative answers to the questions in the Application will be evaluated.**
4. Download and complete the "Olmstead Individualized Community Supports and Services Provider Application" and Attachments A & B.
5. Complete the Application thoroughly. **Incomplete applications will not be considered. The Application packet must not exceed 30 pages.** The Application consists of:
 - a. Background information to be completed by all applicants
 - b. General Section to be completed by all applicants
 - c. Specialty Qualification Section to be completed based upon chosen options
 - d. Attachment A: Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications
 - e. Attachment B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion, Lower Tier Covered Transactions
6. Attach the completed Application to an electronic mail message and send to DDD@Olmstead@dhs.state.nj.us with the subject line **Application by 5:00 p.m. Friday, November 3, 2006.**
7. Type /Sign and submit the following required documents:
 - a. Attachment A: "Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications"
 - b. Attachment B: "Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion/ Lower Tier Covered Transactions"
 - c. A copy of your agencies most recent organization-wide independent audit.
8. Hard copies of Attachment A and B with an original signature and a copy of the most current agency wide independent audit will be required to be submitted and post marked by **5:00 p.m. Friday November 17, 2006**, to the following:

Mail:
NJ Division of Developmental Disabilities
Olmstead RFP
Attn: Stephen Smith
PO Box 726
Trenton, NJ 08625-0700

Hand Delivered:
NJ Division of Developmental Disabilities
Olmstead RFP
Attn: Stephen Smith
Building #508, Fourth Floor
Carnegie Center Drive
Princeton, NJ
08540

Medical and Behavioral Supports Levels Table

Medical Supports

<p><u>Level 1: No On-Site Specialized Medical and No Ambulation Support Required</u> Persons may have one or more medical conditions (i.e., high blood pressure, asthma, ulcers, etc.), but no special medical attention is needed on-site besides that normally provided by day and residential support staff such as, but not limited to, medication administration, scheduling of medical appointments, transportation to doctor's appointments, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place.</p>	<p><u>Level 2: No On-Site Specialized Medical, but Ambulation Support Required</u> Persons may have one or more medical conditions (i.e., high blood pressure, asthma, ulcers, etc.), but no special medical attention is needed on-site besides that normally provided by day and residential support staff such as, but not limited to, medication administration, scheduling of medical appointments, transportation to doctor's appointments, etc. However, Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>
<p><u>Level 3: Specialized Medical Supports Required, but No Ambulation Support Required</u> Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require special medical attention by on-site day and residential staff (non-nursing) who have received appropriate training. Treatments may include, but are not limited to, dressing or wound care; catheter or colostomy emptying and maintenance; monitoring of oxygen use; insulin administration; turning and positioning; use of Epi Pen for allergic reactions; and administration of enemas. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place</p>	<p><u>Level 4: Specialized Medical and Ambulation Support Required</u> Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require special medical attention by on-site day and residential staff (non-nursing) who have received appropriate training. Treatments may include, but are not limited to, dressing or wound care; catheter or colostomy emptying and maintenance; monitoring of oxygen use; insulin administration; turning and positioning; use of Epi Pen for allergic reactions; and administration of enemas. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>
<p><u>Level 5: Specialized On-Site Nursing, but No Ambulation Support Required</u> Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require on-site nursing care by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Treatments may include, but are not limited to: oral and/or nasal suctioning; Intravenous medications; tube feeding; and catheterization. Nurses may also be responsible for overseeing medication administration, and medical management of Person care with off-site medical providers. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons are able to walk independently with or without corrective devices and/or independently use wheelchairs – needing no assistance transferring or moving from place to place.</p>	<p><u>Level 6: Specialized On-Site Nursing and Ambulation Support Required</u> Persons have one or more medical conditions (i.e., respiratory, digestive, cardiovascular, etc.) and these conditions require on-site nursing care by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Treatments may include, but are not limited to: oral and/or nasal suctioning; Intravenous medications; tube feeding; and catheterization. Nurses may also be responsible for overseeing medication administration, and medical management of Person care with off-site medical providers. Agency is responsible for providing and maintaining the appropriate medical training for staff. Training may be accessed through and/or provided by local Visiting Nurses' Associations (VNAs), agency nurses, hospitals, Persons' physicians, etc. Persons can walk only with assistance from another person and/or use wheelchairs and need assistance from staff when transferring and/or moving from place to place.</p>

Behavioral Supports

<p><u>Level 1: No On-Site Specialized Behavioral Supports Required</u> Persons do not currently exhibit any inappropriate/rule violating, property destruction, self-injurious, or aggressive behaviors.</p>	<p><u>Level 2: Minimal Behavioral Supports Required</u> Persons may exhibit some inappropriate/rule violating behaviors, including, but not limited to self-stimulation (body rocking/hand flashing), noises or other inappropriate vocalizations, non-compliance, and/or being disruptive, but no special behavioral support or environmental modifications are required by day and residential support staff.</p>
<p><u>Level 3: Formal Behavioral Supports Required</u> Persons have one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require special behavioral support and/or environmental modifications by on-site day and residential staff who have received appropriate training. Support may include redirection, providing additional supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include, but are not limited to, having tantrums/outbursts, smearing feces, hitting own body/face/head, hitting others, property destruction, and/or kicking others. Agency is responsible for determining type and intensity of behavioral supports needed according to regulations developed by DDD. Agency is also responsible for preparing formal behavioral plans and providing staff training as needed.</p>	<p><u>Level 4: Intensive Behavioral Supports Required</u> Persons have one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require a very high level of behavioral support and environmental modifications by on-site day and residential staff who have received appropriate training. Support may include providing one-on-one supervision, personal controls, and implementation of a formal behavioral plan. Behaviors may include, but are not limited to, sexual predatory behaviors, running away, eating or mouthing inedible objects, scratching self/others, hitting self/others, biting self/others, head-butting others, choking others, and/or kicking others. Agency is responsible for determining type and intensity of behavioral supports needed according to regulations developed by DDD. Agency is also responsible for preparing formal behavioral plans and providing staff training as needed.</p>

Olmstead RFP Qualification Chart

APPLICANTS MAY CHOOSE TO BECOME QUALIFIED FOR ONE OR MORE OF THE FOLLOWING:	GENERAL QUESTIONS				SPECIALTY QUALIFICATION QUESTIONS					INTERVIEW REQUIRED	
	Operational	Quality	Staffing	Risk	Housing	Residential	Employment/ Day	Medical	Behavioral	Non-DDD Contracted Providers & RLC Qualified Providers	DDD Contracted Providers
Housing/ Development • Bricks & Mortar	X	X	X	X	X					X	X
Residential Supports • Medical Levels 1-2	X	X	X	X		X				X	
Residential Supports • Medical Levels 3-6	X	X	X	X		X		X		X	X
Residential Supports • Behavioral Levels 1-2	X	X	X	X		X				X	
Residential Supports • Behavioral Levels 3-4	X	X	X	X		X			X	X	X
Employment/Day Supports • Medical Levels 1-2	X	X	X	X			X			X	
Employment/Day Supports • Medical Levels 3-6	X	X	X	X			X	X		X	X
Employment/Day Supports • Behavioral Levels 1-2	X	X	X	X			X			X	
Employment/Day Supports • Behavioral Levels 3-4	X	X	X	X			X		X	X	X

Housing/ Development Option- Qualified providers may choose to build and develop housing or offer residency (i.e. Landlord) in already established units.

Residential Supports- Qualified providers would provide supports and services to individuals in a variety of living arrangements.

Employment/Day- Qualified providers would both develop the program and provide supports and services.

Medical Supports- Qualified providers would provide medical supports to individuals. Applicants can opt to be qualified to provide supports in either Levels 1 and 2 or Levels 1- 6, depending on the types of support services they are able to accommodate.

Behavioral Supports- Qualified providers would provide behavioral supports to individuals. Applicants can opt to be qualified to provide supports in either Levels 1 and 2 or Levels 1- 4, depending on the types of support services they are able to accommodate.

IV. EVALUATION CRITERIA

Applications will be evaluated based on the criteria below. All applicants must complete the following General sections of the Application: Operational, Quality, Staffing and Risk.

Applicants must also complete the applicable Specialty Qualification section in the application; Residential Supports, Housing/ Development, Employment/Day, Medical Supports, and Behavioral Supports.

A mandatory oral interview will be completed by all applicants not currently under contract with DDD. Applicants seeking to provide specialized services for medical levels 3-6, behavior levels 3-4 and housing/development will also require an oral interview.

All applicants will be advised in writing regarding the status of their qualification, specifying what type of support and services they are qualified to deliver.

Applicants successfully meeting the applicable criteria will be determined qualified and their agency/provider information will be made available to individuals as they begin to transition from developmental centers to communities.

General Section

Operational

- Clear, concise and complete illustration of the organization's operational profile.
- Illustration of the organization's establishment of collaborative relationships with various community service systems/providers.
- Description of the organization's experience with transitioning individuals, reflecting on lessons learned which have enhanced the organization's success.
- Illustration of the organization's ability and/or willingness to engage in proposed rate-based/fee-for-service reimbursement system.

Quality

- Demonstration of the organization's ability to engage in continuous quality improvement methods, illustrating strategies and efforts to improve services to individuals.

Staffing

- Demonstration of the organization's system of staff communication, training, oversight and accountability.
- Illustration of the organization's initiative(s) for staff retention.

Risk

- Demonstration of the organization's ability to comply with Reporting & Investigating Unusual Incidents (Division Circular #14).
- Demonstration of the organization's ability to gather, organize and use data in a meaningful way.

- Demonstration of the organization's understanding of and compliance with Division Policies and Procedures and Danielle's Law.

Specialty Qualification

Residential Supports

- Demonstration of the organizations ability and flexibility in meeting individual choice and preference.
- Illustration of the organization's efforts towards community inclusion.

Housing/Development

- Demonstration of the organization's ability and willingness to develop a variety of innovative and collaborative housing options, focusing on smaller, individualized settings.
- Demonstration of the organizations ability to complete housing projects in a timely manner.

Employment/Day Services

- Clear, concise description of types of employment/day service programs provided by the organization.
- Demonstration of the organization's coordination of services with a specific focus on community inclusion efforts related to employment/day.

Medical

- Illustration of the organization's health delivery and monitoring system, describing areas of expertise and availability of support systems.
- Illustration of the organization's ability to provide specialized medical care to the specified population.
- Given a case scenario, the organization will demonstrate its ability to consider personal preferences while addressing medical supports.

Behavioral

- Description of the organization's experience, current practices and areas of specialized training and or expertise.
- Illustration of the successful utilization of behavioral methodologies.
- Given a case scenario, the organization will demonstrate their ability to consider personal preferences while addressing behavioral supports.

INFORMATION ONLY

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

OLMSTEAD INDIVIDUALIZED COMMUNITY SUPPORTS AND SERVICES PROVIDER APPLICATION

Background Information:

1. Date_____ Information Completed by:_____ Name and Title_____
2. Name of Agency_____ Federal ID/Social Security #:_____
 - a. Agency Address_____
 - b. Billing Address_____
 - c. Agency Web Link Yes ____ No ____ Web Address_____
3. Is your agency a subsidiary of a parent or larger organization? Yes__ No__
 - a. If yes, name of parent or larger organization _____
 - b. Address_____
 - c. Telephone # _____ Ext. _____
4. Agency Type: (check all that apply)

National____	State____	Local____	For Profit____
Not For Profit____	Religious Not for Profit____	Limited Liability Corp.____	

 - a. Executive Director Name_____ Telephone # _____ Ext. _____
 - b. Contact Person Name_____ Telephone # _____ Ext. _____
 - c. Fax # _____ E-Mail Address_____
 - d. Agency Years of Operation_____ Number of Individuals Served _____
 - e. Age Groups Served:

<input type="checkbox"/> Under 18	<input type="checkbox"/> 46-64
<input type="checkbox"/> 19-21	<input type="checkbox"/> 65 and up
<input type="checkbox"/> 22-45	

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f. Indicate which counties your agency currently provides services:

Atlantic__	Bergen__	Burlington__
Camden__	Cape May__	Cumberland__
Essex__	Gloucester__	Hudson__
Hunterdon__	Mercer__	Middlesex__
Monmouth__	Morris__	Ocean__
Passaic__	Salem__	Somerset__
Sussex__	Union__	Warren__

g. Please indicate those counties where your agency plans to develop/expand services:

Atlantic__	Bergen__	Burlington__
Camden__	Cape May__	Cumberland__
Essex__	Gloucester__	Hudson__
Hunterdon__	Mercer__	Middlesex__
Monmouth__	Morris__	Ocean__
Passaic__	Salem__	Somerset__
Sussex__	Union__	Warren__

5. Primary Target Population Your Agency Serves: (Check only one)

- | | |
|---|---|
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Challenging Behaviors | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Blind or Visually Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf or Hearing Impaired | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Prader-Willi | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Medically Frail | <input type="checkbox"/> Severe Physical Disabilities |
| <input type="checkbox"/> Mental Health/Psychiatric | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> N/A |

6. Other Disabilities/Populations Your Agency Serves: (Check All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Challenging Behaviors | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Blind or Visually Impaired | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf or Hearing Impaired | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Prader-Willi | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Medically Frail | <input type="checkbox"/> Severe Physical Disabilities |
| <input type="checkbox"/> Mental Health/Psychiatric | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> N/A |

INFORMATION ONLY

7. Current Supports/Services Your Agency Provides:

- | | |
|--|--|
| <input type="checkbox"/> Individual Supports
<input type="checkbox"/> Respite
<input type="checkbox"/> Habilitation
<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Camp
<input type="checkbox"/> Hotel Respite
<input type="checkbox"/> Residential
<input type="checkbox"/> Group Home
<input type="checkbox"/> Supervised Apartment
<input type="checkbox"/> Supported Living
<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Independent Living
<input type="checkbox"/> Day Program
<input type="checkbox"/> Vocational Evaluation
<input type="checkbox"/> Adult Training Center
<input type="checkbox"/> Medical Special Needs (ATC)
<input type="checkbox"/> Behavioral Special Needs (ATC)
<input type="checkbox"/> Workshop
<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Individualized Day Supports
<input type="checkbox"/> Medical Day Care | <input type="checkbox"/> Recreation
<input type="checkbox"/> Case Management
<input type="checkbox"/> Transition Assistance
<input type="checkbox"/> Self-Advocacy
<input type="checkbox"/> Before/After School Care
<input type="checkbox"/> Community Education/Training
<input type="checkbox"/> Personal Assistance
<input type="checkbox"/> Psychotherapy
<input type="checkbox"/> Support Broker
<input type="checkbox"/> Cash/Stipend Program
<input type="checkbox"/> Guardianship Assistance
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other _____ |
|--|--|

8. Number of Individuals Served in each Program:

- | | |
|--|--|
| ____ Individual Supports
____ Respite
____ Habilitation
____ Supported Employment
____ Camp
____ Hotel Respite
Residential
____ Group Home
____ Supervised Apartment
____ Supported Living
____ Supportive Housing
____ Independent Living
Day Program
____ Vocational Evaluation
____ Adult Training Center
____ Medical Special Needs (ATC)
____ Behavioral Special Needs (ATC)
____ Workshop
____ Supported Employment
____ Individualized Day Supports
____ Medical Day Care | ____ Recreation
____ Case Management
____ Transition Assistance
____ Self-Advocacy
____ Before/After School Care
____ Community Education/Training
____ Personal Assistance
____ Psychotherapy
____ Support Broker
____ Cash/Stipend Program
____ Guardianship Assistance
____ Transportation
____ Other |
|--|--|

INFORMATION ONLY

9. If applicable, identify the number of Specialists you have on staff:

- | | |
|------------------------------|-------------------------------------|
| ----- Nurse (RN) | ----- Speech Therapist |
| ----- Nurse (LPN) | ----- Human Rights Committee |
| ----- Physical Therapist | ----- Behavior Management Committee |
| ----- Behaviorist | ----- Psychologist |
| ----- Neurologist | ----- Psychiatrist |
| ----- Occupational Therapist | ----- Nutritionist |
| ----- Other: _____ | |

10. The following specialty options are being offered as part of this RFP. By referencing the Olmstead RFP Qualification Chart on page 20, which option(s) is your agency interested in becoming qualified to provide? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Residential Supports
<input type="checkbox"/> Medical Supports Levels 1 - 2
<input type="checkbox"/> Medical Supports Levels 3 – 6
<input type="checkbox"/> Behavioral Supports Levels 1 - 2
<input type="checkbox"/> Behavioral Supports Levels 3 – 4
<input type="checkbox"/> Housing/Development | <input type="checkbox"/> Employment/Day Supports
<input type="checkbox"/> Medical Supports Levels 1 - 2
<input type="checkbox"/> Medical Supports Levels 3 – 6
<input type="checkbox"/> Behavioral Supports Levels 1 - 2
<input type="checkbox"/> Behavioral Supports Levels 3 - 4 |
|---|--|

General Section(All questions in this section must be answered regardless of which specialty option(s) your agency has chosen):

Operational

1. Summarize your organization's history, mission and goals, provide a description of your current programs and accomplishments, and give a profile of the population served.
2. Provide your agency's number of licensed sites or contracted employment/day programs. _____
3. List the community agencies, programs and organizations with which your agency currently has an established relationship/affiliation. Describe how these relationships support community service networking, as it relates to healthcare and treatment systems, employment and opportunities for community and social activities.
4. If you currently do not provide services in NJ, describe how your agency plans to.
5. Indicate the number of individuals you have successfully transitioned from a developmental center to a community-based program in the last 5 years.
6. Describe the strategies and processes used to insure the success of the transition process.
7. Does your agency use a rate based or fee for service reimbursement system?

INFORMATION ONLY

8. If you do not use a rate based or fee for service system, list the types of support your agency may need to implement one.
9. If you use a rate based or fee for service system, describe how you determined your rate per unit of service.
10. List ways your agency leverages resources to provide supports and services.

Quality

11. Describe a quality improvement technique you have recently used to positively impact individuals living in their communities.
12. Describe how your agency uses information gathering techniques and monitoring strategies to improve service delivery.

Staffing

13. Describe your agency's system of staff training, communication, supervisory oversight and how you maintain accountability of your service teams.
14. Indicate your agency's annual staff turnover rate during each of the past three years.
____% (2006) ____%(2005) ____% (2004)
15. Describe the efforts or initiatives your agency uses to maximize the rate of staff retention.

Risk

16. Describe how your agency manages a life-threatening emergency involving an individual served.
17. Describe your agency's incident reporting and monitoring system.
18. Describe how the information obtained from your agency's incident and reporting systems is used to reduce and manage risk. Describe how data is analyzed, providing an example of how this process has worked successfully for your agency.

Specialty Qualification Section (Please answer the questions that correspond to the option you have chosen. If your agency has chosen to be qualified for more than one option, you must answer the questions that correspond to those options.)

Residential Supports

19. Indicate the number of accessible residences for individuals with ambulatory support needs you have developed in a community setting. ____

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20. Describe how your agency uses innovative/creative housing options to serve and support individuals.
21. Describe your agency's practices and processes for maximizing individual choice and the use of self-directed services.
22. Describe how your agency uses generic community services to fully integrate individuals into the community.

Housing/Development

23. Identify which of the following alternative funding sources/federal programs you have used. Also identify which you have applied for.

Federal Sources

Used

☐
☐
☐
☐

Applied For

☐
☐
☐
☐

HUD-Section 811
 HUD-McKinney Vento(SHP)
 HUD-HOPE VI
 USDA-Rural Development

State Sources

Used

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Applied For

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

DCA-Balanced Housing Program
 DCA-Deep Subsidy Program
 DCA-Green Homes Program
 DCA-Shelter Support
 DHS-(Department of Youth and Family Services)
 DHS-(Division of Developmental Disabilities)
 DHSS(Dept. of Health and Senior Services)
 NJHMFA-Home Express
 NJHMFA-Low Income Housing Tax Credits
 NJHMFA-Multi-Family Rental Financing
 NJHMFA-Small Rental Projects(5-25)
 NJHMFA-Special Needs Housing Trust Fund
 DDD-Bond Funds

County Sources

Used

☐

Applied For

☐

HOME Funds

Local Sources Used

Used

☐

Applied For

☐

HOME Funds

INFORMATION ONLY

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Community Development Block Grants |
| <input type="checkbox"/> | <input type="checkbox"/> | Municipal Regional Contribution Agreements |
| <input type="checkbox"/> | <input type="checkbox"/> | Municipal Developer Fees (COAH Plan) |

Other Sources Used

- | Used | Applied For | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Federal Home Loan Bank |
| <input type="checkbox"/> | <input type="checkbox"/> | The Reinvestment Fund |
| <input type="checkbox"/> | <input type="checkbox"/> | Corporation for Supportive Housing |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino Reinvestment Development Authority |
| <input type="checkbox"/> | <input type="checkbox"/> | Danielle Foundation |
| <input type="checkbox"/> | <input type="checkbox"/> | Deferred Developer Fee(Project Sponsor) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

24. How many units of housing have you developed? ____
- a. Number of accessible units ____
- b. Number of low income units ____
- c. Number of units incorporating "green building" techniques ____
25. What is the average time frame to complete your projects from concept to opening and who do you partner with?
26. How are your residences integrated into the surrounding community?
27. How is individual choice incorporated into the development of the site?
28. Do you continue to manage residences after they are open? Explain how they are managed.

Employment/Day Services

29. Describe how your agency uses generic community services to fully integrate individuals into the community.
30. Are your employment/day activities accredited by any organization? If so, please identify the name of the accrediting body.
31. Is your agency a vendor or under contract with other organizations to provide employment/day services? Identify the name of the organization, contact person and his/her telephone number.
32. Describe your agency's practices and processes for maximizing individual choice and the use of self-directed services in relation to employment/day services.
33. What creative techniques have your agency used to assist individuals in obtaining and maintaining employment. Provide examples.

INFORMATION ONLY

Medical

34. Indicate the number of individuals you serve with the following medical support needs:
(Please reference the Medical and Behavioral Supports Levels Table on page 19).
Level 1: _____ Level 4: _____
Level 2: _____ Level 5: _____
Level 3: _____ Level 6: _____
35. Indicate the number of years of experience your agency has supporting individuals with medical support needs as identified in Levels 3-6. _____
36. Describe how your clinical staff is used within your service delivery system to effectively support individuals with medical needs.
37. Describe your agency's health care monitoring system, focusing on oversight of services provided to individuals with complex medical needs.
38. Describe innovative ways your agency provides supports and services to individuals who have limited mobility and require high levels of support for physical care and medical conditions.
39. Medical Case Scenario
Your agency is supporting Martin, age 45, to live in an apartment with two housemates. Martin is very social and outspoken and enjoys being around others. He likes to be as independent as possible with household activities such as meal preparation and laundry. You provide staff support for carrying out daily activities including bathing, dressing, meals, transportation, health and medical monitoring. Martin enjoys participating in his church activities, going to the movie theatre, visiting his family and friends and going to work each day. Martin works in a flower shop doing simple assembly jobs. Martin has cerebral palsy and uses a wheelchair. He has limited use of his upper extremities. Lately, Martin has developed skin ulcers that require re-positioning every twenty minutes. He is at increased risk for aspirating thus needs special food preparation and supervision while eating. To avoid constipation and bowel obstruction, Martin needs consistent bowel monitoring.
- What supports would your agency put in place to allow Martin to continue to go to work each day given his increasing support needs? How would you ensure that Martin goes to the movies as often as he likes? How would Martin be supported to spend time with his family, friends, and at church? What supports might enable Martin to be as independent as possible while contributing to household chores?

INFORMATION ONLY

Behavioral

40. Indicate the number of individuals you serve with the following behavioral support needs:
(Please reference the Medical and Behavioral Supports Levels Table on page 19):

Level 1: _____ Level 3: _____
Level 2: _____ Level 4: _____

41. Indicate the number of years of experience your agency has supporting individuals with behavioral support needs as identified in Levels 3 & 4. _____
42. Indicate what practices you have successfully used to prevent/ reduce the occurrence of challenging behaviors. Describe the types of behaviors addressed and provide an example, using quantitative evidence, which shows the successful elimination/ significant reduction of a challenging behavior.
43. How are direct service and management level staff supported to identify, assess, and monitor behaviors and to properly implement strategies to address them?
44. What ways would a behavioral emergency be managed? Give an example for individuals with high and low cognitive abilities.

45. Behavioral Case Scenario

Lisa is a 30 year old woman who has, for the last twelve years, lived in a developmental center. She is quiet and enjoys doing solo activities such as drawing and arts and crafts when the weather is poor, but loves to be outdoors in nicer weather. Lisa enjoys having her nails done and getting her haircut. She also loves shopping for jewelry. Lisa scratches and bites herself and bangs her head when she is upset. This has resulted in her utilizing a prescribed helmet and protective mitts. Lisa's family feels very strongly about her not being in public with the protective equipment, yet they would love to see her transition into a smaller setting with the appropriate supports. Lisa is non-verbal and has no formal means of communication. She is diabetic and uses insulin. Blood sugar levels need to be reported to her doctor weekly.

How might Lisa's self-injurious behavior be addressed? What type of environment might best suit Lisa? What type of support might be given her family as she begins to transition to the community? How would you address her diabetes?

INFORMATION ONLY

Application completed by: _____
Name Title

Date Application Submitted: _____

This application is not complete and valid until the Division of Developmental Disabilities is in receipt of the following mandatory documents:

Assurances and certifications included in Attachment A and B.

A copy of most recent organization – wide independent audit report.

Deadline for submitting the RFP Application electronically is 5:00 pm on Friday, November 3, 2006.

Deadline for submitting the paper documents in Attachment A and B is the close of business, 5:00 pm on Friday, November 17, 2006.

I certify that I have read all information contained in this application and attest the information is accurate and valid.

Executive Director Signature

Date

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.

Attachment A

Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services, Division of Developmental Disabilities of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidders list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, DDD or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.

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- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Name of Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

Attachment B

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous.
8. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

INFORMATION ONLY

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READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

APPENDIX A

Residential Choices

Individuals will have residential choices based upon a **self-directed model** or **provider-managed model**. The following chart, “Residential Choices” compares the two models in the areas of Key Policy Distinctions, Budget, Service Plan, Oversight of Plan Development, Standards Utilized, DDD Contribution to Care, and Use of Rental Subsidy or Other Subsidized Housing.

In the **self-directed** supportive housing approach the individual hires their own staff. The lease, mortgage or ownership is in his/her name and housing and supports are separate. The individual has control over the budget and determines which supports to purchase. Bills are paid through a fiscal intermediary and the individual develops his or her own service plan with assistance provided by a support coordinator. The residence is not licensed; rather, life safety requirements are followed in accordance with HUD Section 8 standards. Contributions to care are not made since this is the person’s own home and they will use part of their income to contribute towards his or her own rent/mortgage. The person applies for a Section 8 Voucher or other eligible subsidy for housing costs. DDD funds the services and supports.

The **provider-managed** approach includes supportive housing, group homes, supervised apartments, supported living and community care residences. In rental situations the lease may be in the provider’s name or the individual’s name. Many provider-managed properties are developed, managed and serviced by the same provider, but not in all cases. The provider has a contract with DDD to operate a licensed and/or certified facility. The funding is in the provider’s contract. The service plan is developed by the provider with input from the individual and inter-disciplinary team. Oversight is provided by a case manager with standards followed according to licensure and/or certification regulations. Contribution to care is required in all cases where the individual is in a Division-funded placement for which they have no responsibility for their rent or lease or any portion thereof. The housing is not subsidized except for HUD residences. (See chart on the next page).

Residential Choices (A Comparative Table)

	Self-Directed		Provider Managed			
	Supportive Housing	Other Self-Directed Housing Options	Supportive Housing	Group Homes/ Supervised Apartments	Supported Living	Community Care Residences
Key Policy Distinctions	<p>Lease or mortgage in person's name Person has control of hiring staff, decision-making and budget</p> <p>Housing & supports are separated</p>	<p>Person lives with relative</p> <p>Shared lease</p> <p>Lease in someone else's name</p> <p>Housing & supports are separate</p>	<p>Lease or mortgage in person's name</p> <p>Person has control over decision making preferences and flexible supports will be certified</p>	<p>Provider has contract with DDD to provide a residential licensed service</p>	<p>Provider has contract with DDD to provide supports in certified facility</p> <p>Individual or Agency has lease</p>	<p>Person lives in a skill or treatment home. These are licensed</p>
Budget	<p>Use Fiscal Intermediary to pay for supports</p> <p>Individual has control of what supports are purchased</p>	<p>Person controls resources</p>	<p>Funding is put in a contract with the provider and the person decides how it is spent</p>	<p>Budget is controlled by agency</p>	<p>Budget controlled by agency</p>	<p>Skill provider paid by the Division to provide residential service</p>
Service Plan	<p>Individual designs plan & has control of choices</p>	<p>Individual designs plan & has control of choices</p>	<p>Individual designs plan & has control of choices</p>	<p>Agency develops with input from individual & team</p>	<p>Agency develops with input from individual & team</p>	<p>Develop by case manager with input from individual & team</p>

	Self-Directed		Provider Managed			
	Supportive Housing	Other Self-Directed Housing Options	Supportive Housing	Group Homes/ Supervised Apartments	Supported Living	Community Care Residential
Oversight of Plan development	Support Coordinator	Support Coordinator or Case Manager	Case Manager, provider	Case Manager	Case Manager	Case Manager
Standards Utilized	Housing standards used by HUD	Combination of guidelines	Certification regulation	Licensing regulations	Certification regulation	Licensing regulations
DDD Contribution to Care	NO: used benefits/ income to contribute to rent	NO	NO	YES	NO, if individual uses benefit to pay rent income	YES
Use of Rental Subsidy or other subsidized housing	DD Funding not used for purchasing housing/only for supports Section 8 or other subsidy Apartment must be Section 8 eligible/can be state-subsidized	NO	YES, utilities, food, clothing	NO, except for HUD facilities	NO	NO

APPENDIX B

Department of Human Services, Division of Developmental Disabilities

Request for Proposal Protest Information

I. Policy

- A. The following reasons shall be grounds for automatic rejection of an application due to failure to conform to the requirements of the RFP:
 - 1. Applicant did not meet the required application deadline;
 - 2. The application is not signed in the appropriate places. Signature(s) on attachments or other documents do not count as signature(s) on the application;
 - 3. Applicant's failure to attend a mandatory bidder's conference;
 - 4. Application is incomplete;
 - 5. Non-compliance with the administrative requirements, including but not limited to the absence of attachments, price verifications, and letters of intent to provide support;
 - 6. Proof of eligibility, if applicable; and
 - 7. Application submitted in an unacceptable manner, e.g., telephone, fax.
- B. Nothing in this policy shall preclude the Departmental Component from notifying the applicant of any deficiencies in the application. However, all corrections must be completed and received by the Departmental Component by the application deadline as set forth in the RFP. The notification of discrepancies shall be uniformly made to all applicants in a timely manner.
- C. A request for a protest shall be denied in the following instances:
 - a. The rejection of an application for the reasons listed in section I.A. above;
 - b. Disagreement with the review panel's exercise of its proper discretion or professional judgment in the evaluation of a proposal; and

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- c. As an opportunity to receive feedback regarding the perceived strengths and limitations of its proposal from Departmental Component staff.
- D. Unsuccessful applicants may request a protest if there is reason to believe that there has been an unfair application of the RFP policy and/or the RFP procedure as stated in N.J.A.C. 10:3-3.
- E. The RFP shall become public information at the completion of the RFP process including the protest process, despite any other disclaimers submitted by the applicant to the contrary.
- F. The Departmental Component shall hold all awards of Contracts for seven (7) calendar Days from the date of the award announcement pending potential requests for a protest of non-winning applicants. If a protest is requested, the Contract shall not be awarded until the completion of the hearing process.
- G. The Departmental Component Director may, in those instances where failure to award the contract will jeopardize the safety and welfare of the Department's clients, award the Contract despite the above provisions. The Director shall document all cases where such action(s) is required and notify interested parties.

II. Procedures

- A. All protests shall be in writing and received by the Departmental Component Director within seven (7) days from the date of the announcement of the award decision. The Departmental Component shall date stamp all protest requests upon receipt.
- B. An impartial panel consisting of a chairperson from the Departmental Component and Departmental Component personnel as deemed necessary shall review the information presented by all parties and present a Recommended Disposition to the Division Director. The panel shall have an uneven number of members.
- C. A review panel shall be convened and the review of the protest data shall be completed within ten (10) days from the receipt of the protest request.
- D. The Chairperson shall summarize and submit a written Recommended Disposition to the Departmental Component Director and all parties participating in the internal review within five (5) days from the termination of the panel review.

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- E. The Recommended Decision shall be mailed by first class to the protestor(s) on the same day it is delivered to the Division director.
- F. The Departmental Component Director shall be entitled to review all records and documents referenced in the presentation of the case. Such documents, if required, shall be made available to the Departmental Component Director.
- G. Parties to the protest have seven (7) days from the date of the Recommended Disposition to deliver to the Departmental Component Director any written comments and exceptions to the decision.
- H. Subsequent to the seven (7) day period for exceptions, the Departmental Component Director shall render a Disposition in the matter. The Disposition shall be rendered no later than forty (40) days from the receipt of the initial request for a protest.
- I. The Disposition shall be sent by first class mail to the protestor(s) and delivered to all other Parties with notice that any further appeal must be made to the Appellate Division of the Superior Court of New Jersey.

APPENDIX C

National Movement

Nationally, the size of institutions for the mentally retarded peaked in 1967 with 194,650 people residing in public institutions across the country. By 2005 only 40,434 people remained in public institutions². This steady transition of people from institutions to communities was propelled first by families who sought and worked for supports to be delivered in their own communities. Major factors coalesced to spur the development of community based supports including class action litigation, the rise of the advocacy movement, the evolution of the federal Home and Community-Based Supports Waiver (HCBS), and the Supreme Court's ruling in *Olmstead*.

Today, many more people with DD receive supports than did at the height of the use of institutions and they receive those supports in community settings. This movement has been supported by the establishment of the Medicaid Home and Community Based Waiver (HCBS) as an alternative to the use of institution-style services in ICF-MR's and nursing homes. States initially used the waiver to develop "placements" in group homes which afforded opportunities for community integration with 24-hour care. But group homes retained restrictions that did not allow for much individualized planning.

The Medicaid program has continued to shift its emphasis away from the packaged or "wrap-around" services provided by traditional group homes towards supports provided to individuals according to their individual support plans. In these newer support styles, agencies are qualified to deliver specific supports and individuals are enabled to select the supports they need according to their individual needs as expressed in individual support plans. As states embrace these new support styles, individuals have increased opportunities to make real choices about how to live their lives.

The Centers for Medicaid and Medicare Services (CMS) has incorporated the philosophy of person-centered outcomes into their requirements for States. CMS through their Quality Framework requires that States develop a system that is rooted in increased quality, increased decision-making, and at the policy level, a more equitable distribution of public funds. CMS directs State HCBS programs to help individuals with a disability to:

- live in the most integrated community setting appropriate to their individual requirements and preferences,
- exercise meaningful choices about their living environment, their providers, the types of support they use and the manner by which supports are provided, and
- obtain quality supports as consistent as possible with their community living preferences and policies.

Then the 1999 Supreme Court ruling in *Olmstead* caused the federal government, both within CMS and the Department of Justice, to encourage states to plan aggressively for placing people in institutions into community settings. This federal effort led the "Real Choice Systems Change Grant" program in 2000 to help states build infrastructure to support people to live in integrated

² "Trends and Milestones," edited by Charlie Lakin, David Braddock and Gary Smith, in *Mental Retardation Magazine* published by AAMR: June 2006

community settings.³ Many states have placed significant emphasis on downsizing their state institutions with at least 10 states totally eliminating public institutions for people with developmental disabilities.⁴

Today there is a growing expectation that people with developmental disabilities, regardless of the severity of those disabilities, will have the opportunity to participate in the design of support plans around their needs; have access to homes and apartments in communities of their choice; have supports delivered within their communities and have employment opportunities with whatever supports they may need.

To address today's expectations, states have looked to their provider agencies to change how they do business. Instead of choosing a provider to supply a wrap-around package of services as in a traditional group home, recipients want to make separate choices of a provider for residential supports, one for employment/day supports and yet another for therapy. Recipients want to craft a program that better meets their unique needs, rather than choosing a program from among pre-packaged options. This means that states must develop different rate-setting systems, often in a fee-for-service mode, and enhanced methods for developing and monitoring individual support plans with associated budgets. Providers must reconfigure budgeting for their organizations to allow for billing for individual supports, rather than for a package of services.

Addressing individual needs for support means a very different way of doing business for support providers. Successful providers are those who are flexible, creative and in tune with the communities they serve. They draw on generic community resources, hire staff with deep roots in communities and tailor the supports they provide to connect people to additional supports in their communities. This requires working with the person, his/her team or circle of support and friends and family to gain maximum advantage from the provided supports.

³ : "Rebalancing Long Term Care.." p.7

⁴ Find reference in Braddock

APPENDIX- D

Division of Developmental Disabilities' Systems Change

New Jersey has a long history of developing community supports and reducing its reliance on institutions even as the number of people it serves has grown dramatically. In 1986 13,140 people were listed as receiving supports from DDD. In 2005, that number had grown to 35,851. During that same time period, the population of the institutions declined from 5,481 to 3,070 and the number of institutions was reduced from eleven to seven. People provided with community supports increased from 6,720 to 32,142.

In 2002, DDD began a major system change. The system change was announced in the **New and Expanded Options for Individuals with Developmental Disabilities and their Families** in September 2002. This plan called for fundamental change. "The developmental disabilities system in New Jersey needs to have a fundamental shift in service delivery away from the exclusive development of group homes toward the development of an array of services which support individuals and families in their communities."

Since the Plan in 2002, new options are available to individuals and their families living at home or independently in the community. The system has begun to introduce equity and to fund like needs with like resources. Service options have been expanded in the Waiver to increase choice. CCW supports have been unbundled allowing individuals who self-direct to purchase the discreet supports that meet their needs. Regulations have been put in place to ensure that federal revenue is maximized.

Highlights of recent efforts include:

- Real Life Choices, a self-directed option for individuals on the priority waiting list, providing individual budgets based on like needs began to be offered as a demonstration in 2003. Real Life Choices was a natural evolution from previous self-determination efforts, adding new concepts such as assessment of level of need and budgets based on like needs.
- To support the self-directed options for individuals the CCW waiver was amended to allow individuals and their families to have increased flexibility. The amendments allowed increased the individual's options regarding where and how their service needs could be met. Supports were unbundled and choice was built into the system.
- In both FY'03 and FY'04 the budget included funding for newly identified target groups living in the community, i.e. expansion of day program for individuals at home and day activities to all individuals transitioning from special education in 2004.
- DDD has increased its capacity to collect and report data. It has also designed an Internet enabled MIS system to allow DDD and its stakeholders to interact. For Real Life Choices, it developed an electronic record that allows DDD, Support Coordinators and the fiscal intermediary to utilize the same record.

- A Real Choice Systems Change Grant for Quality Assurance and Quality Improvement was awarded to DDD. CMS funds these grants to help build infrastructure that results in effective and enduring improvements in community long-term support systems. Quality Assurance and Quality Improvement systems assess the effectiveness of a State's HCBS programs and implement systematic efforts to improve the programs.
- The shift towards enhanced personal choice and control has led to a separation of housing and supports options. During SFY2006, the Division of Developmental Disabilities implemented the Supportive Housing Moving-On Project. This project included people that were living in group homes, which are congregate settings. The project participants are moving into their own residences, applying for a Section 8 rental-subsidy vouchers, obtaining leases in their own names and receiving supports separate from their housing costs. The funding is associated with the person, rather than programs, allowing the individuals the flexibility to move or make modifications in their supports.
- Contemporaneously with the increasing numbers of people receiving supports, New Jersey has worked to improve the quality of supports and to modify the support delivery styles to offer more individualized opportunities.

This RFP is another step in the process of building a system that is flexible, fair and affords people opportunities to make real choices in the way they live their lives and get their supports. This RFP is designed to attract providers into an evolving support delivery system that will build on the learning of the "Real Choices" project to create opportunities for people with developmental disabilities to experience real choice in their lives as they transition from developmental centers to community living.

The prospect of serving people who remain in the developmental centers is challenging for several reasons: people tend to have medically complex conditions, serious behavioral issues, and the need for accessible housing. DDD will be announcing subsequent phases to be rolled out. Those providers who have qualified under this application process will be eligible to participate in serving those people, subject to each individual's choices of providers. There is no guarantee that a provider determined to be qualified will be chosen by individuals needing supports.

APPENDIX E

The DDD mission and principles

In beginning this application process, it is important to remember the mission and principles under which DDD operates. New Jersey has worked hard to provide increasingly better opportunities for personal choice by offering a wide array of supports and programs. This request for proposals moves even farther forward toward truly individualizing supports in keeping with this mission.

The mission of DDD is “to provide supports in the least restrictive environment possible and to foster individual growth and independence among people with developmental disabilities.”

The mission is carried out in accordance with the following principles:

- All people with severe developmental disabilities must be eligible to receive needed supports regardless of age, sex, creed or nature of the disability.
- Supports for people with disabilities must be designed to meet the specific needs of the individual.
- Choice must be maximized among supports and to promote individualization.
- People with developmental disabilities who require support are to be provided with personal options in their lives.
- Support options that are available in the community can be adapted for use by people with developmental disabilities should be considered first.
- Adequate professional treatment and supports, ensuring continuity in the least restrictive and segregated venue possible, which ideally is in a person’s own community, must be assured.
- Opportunities and sites to provide training and experience in developmental disabilities to professionals must be enhanced.
- Any supports required by individuals and their families (such as respite, counseling, referral, assessment and planning) that assist the person with developmental disabilities to live in a home of their choosing must be arranged for or provided.
- Planning is to be a participatory process that includes all relevant constituents.
- Those who work with people who have a developmental disability will be valued.

APPENDIX F

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES LIST OF LIBRARY DEPOSITORIES

The following libraries have current copies of the Department's Contract Policy and Information Manual and Contract Reimbursement Manual.

ATLANTIC COUNTY

Atlantic County Library
40 Farragut Ave
Mays Landing NJ 08330
(609) 625-2776

Richard Stockton College of NJ Library
Jim Leeds Rd & College Drive
Pomona NJ 08240-9988
(609) 652-4345
fax: 609-652-4964

BERGEN COUNTY

Fairleigh Dickinson University
Business Research Library/
New Jersey Room
Dickinson Hall
140 University Plaza Drive
Hackensack NJ 07501
(201) 692-2608

Johnson Free Public Library
275 Moore St
Hackensack NJ 07601
(201) 343-4781
fax: 201-343-1395

Ramapo College of New Jersey
George T. Potter Library
505 Ramapo Valley Rd POB 542
Mahwah NJ 07430
(201) 529-7574
fax: 201-529-7508

BURLINGTON COUNTY

Burlington County Library
5 Pioneer Blvd
Westampton NJ 08060
(609) 267-9660

CAMDEN COUNTY

Camden County College
Wolverton Learning Resource Center
Little Gloucester Rd POB 200
Blackwood, NJ 08012
(609) 227-7200

Camden County Library
203 Laurel Rd.
Voorhees, NJ 08043
(609) 772-1636

Cherry Hill Free Public Library
110 Kings Highway North
Cherry Hill NJ 08034-1970
(609) 667-0300

Paul Robeson Library
Rutgers University - Camden
300 North 4th St POB 93990
Camden NJ 08101-3990
(609) 757-6034
fax: 609-757-6428

CAPE MAY COUNTY

Cape May County Library
30 W Mechanic St
Cape May Court House NJ 08210
(609) 463-6350

CUMBERLAND COUNTY

Cumberland County Library
800 E Commerce St
Bridgeton NJ 08302
(609) 453-2210
fax: 609-451-1940

ESSEX COUNTY

Bloomfield Public Library
90 Broad St

Bloomfield, NJ 07003
(201) 429-9292

East Orange Free Public Library
21 S Arlington Ave
East Orange NJ 07018
(201) 266-5612
fax: 201-674-1991

Montclair State University
Harry A. Sprague Library
Normal Ave
Upper Montclair NJ 07043
(201) 655-4291
fax: 201-655-5455

Newark Public Library
5 Washington St POB 630
Newark NJ 07101-0630
(201) 733-7776
fax: 201-733-5648

Rutgers University - Newark
John Cotton Dana Library
185 University Ave
Newark NJ 07102
(201) 648-5901
fax: 201-648-1133

Rutgers University Law School
Ackerson Law Library
15 Washington St
Newark NJ 07102
(201) 648-5676
fax: 201-648-1356

Seton Hall University
School of Law Library
1 Newark Center
Newark NJ 07102-5210
(201) 642-8766
fax: 201-642-8748

Seton Hall University
Walsh Library

400 South Orange Ave
South Orange NJ 07079
(201) 761-9437
fax: 201-761-9432

GLOUCESTER COUNTY

Rowan College of New Jersey
Savitz Library
201 Mullica Hill Rd
Glassboro, NJ 08028-1701
(609) 256-4801

West Deptford Public Library
Route 1 POB 140
Thorofare, NJ 08086
(609) 845-5593

Woodbury Public Library
33 Delaware St
Woodbury, NJ 08096
(609) 845-2611

HUDSON COUNTY

Jersey City Public Library
472 Jersey Ave
Jersey City NJ 07302
(201) 547-4501
fax: 201-547-4584

Jersey City State College
Forrest A. Irwin Library
2039 Kennedy Blvd
Jersey City NJ 07305
(201) 200-3033
fax: 201-200-2368

HUNTERDON COUNTY

(None)

MERCER COUNTY

The College of New Jersey
Roscoe L. West Library
Hillwood Lakes CN 4700
Trenton NJ 08650-4700
(609) 771-2417

Mailing Address:

NEW JERSEY STATE LIBRARY
NJ DOCUMENTS
PO BOX 520
TRENTON, NJ 08625-0520
(609) 292-6294
fax: 609-984-7900

Princeton University Firestone Library
Public Administration Collection
Firestone A-17-J-1
Princeton NJ 08544
(609) 258-3209

Rider University
Franklin F. Moore Library
2083 Lawrenceville Rd
Lawrenceville, NJ 08648-3099
(609) 896-5115
fax: 609-896-8029

Trenton Free Public Library
120 Academy St
Trenton NJ 08608
(609) 392-7188
fax: 609-396-7655

MIDDLESEX COUNTY
New Brunswick Free Public Library
60 Livingston Ave
New Brunswick NJ 08901
(908) 745-5108

East Brunswick Public Library
2 Jean Walling Civic Center
East Brunswick NJ 08816
(908) 390-6950
fax: 908-390-6796

Rutgers University
Archibald S. Alexander Library
169 College Ave
New Brunswick NJ 08903
(908) 932-7509
fax: 908-932-1101

Rutgers University
Library of Science & Medicine

Bevier Rd Busch Campus
Piscataway, NJ 08854
(908) 445-2895

Free Public Library of Woodbridge
George Frederick Plaza
Woodbridge, NJ 07095
(908) 634-4450
fax: 908-634-7610

MONMOUTH COUNTY
Monmouth University
Guggenheim Memorial Library
Cedar Ave
West Long Branch NJ 07764-1898
(908) 571-3450
fax: 908-571-3636

Monmouth County Library
Eastern Branch
1001 State Highway 35
Shrewsbury, NJ 07702-4398
(908) 842-5995
fax: 908-219-0140

MORRIS COUNTY
Drew University Library
Madison Ave
Madison NJ 07940
(201) 408-3125 ext. 3588
fax: 201-408-3770

Morris County Library
30 East Hanover St
Whippany, NJ 07981
(201) 285-6968

OCEAN COUNTY
Ocean County College
Learning Resources Center
College Drive CN 2001
Toms River NJ 08753-2001
(908) 255-0392
fax: 908-255-0421

Ocean County Library

101 Washington St.
Toms River NJ 08753
(908) 349-6200 Ext. 35 or 37

PASSAIC COUNTY

Paterson Free Public Library
250 Broadway
Paterson NJ 07501
(201) 357-3000

Wayne Public Library
475 Valley Rd
Wayne, NJ 07470-3585
(201) 694-8813
fax: 201-694-4787

William Paterson College of New Jersey
Sarah Byrd Askew Library
300 Pompton Rd
Wayne NJ 07470
(201) 595-2116

SALEM COUNTY

Salem Community College
Learning Resources Center
460 Hollywood Ave
Carney's Point NJ 08069
(609) 299-2100 ext. 652 or 653

SOMERSET COUNTY

Somerset County Library
North Bridge St and Vogt Drive
POB 6700
Bridgewater, NJ 08807
(908) 526-4016

SUSSEX COUNTY

Sussex County Library
125 Morris Turnpike
R.D. #3, Box 170
Newton NJ 07860
(201) 948-3660
fax: 201-948-2071

UNION COUNTY

Elizabeth Free Public Library
11 S Broad St

Elizabeth NJ 07202
(908) 354-6060 ext. 851
fax: 908-354-5845

Kean College of New Jersey
Nancy Thompson Library
Morris Ave
Union NJ 07083
(908) 527-2112

Plainfield Free Public Library
Eighth St at Park Ave
Plainfield, NJ 07060
(908) 757-1111
fax: 908-754-0063

WARREN COUNTY

Phillipsburg Free Public Library
200 Frost Ave
Phillipsburg, NJ 08865
(908) 454-3555
fax: 908-859-3222

OUT-OF-STATE LIBRARIES

California State Library,
Sacramento, California

New York Public Library
5th Avenue
New York, New York

Council of State Governments,
Lexington, Kentucky

Library of Congress,
Washington, D.C.

Free Library of Philadelphia,
Philadelphia, Pennsylvania